### **Chris Aquino**

From: WMATC E-Filing [administrator@wmatc.gov]
Sent: Wednesday, January 30, 2013 1:51 PM

To: Chris Aquino

Subject: 2013 Annual Report - WMATC No: 1068, Carrier Name: Capital City Coach, Inc.

# **Washington Metropolitan Area Transit Commission**

2013 Carrier Annual Report Form

#### **FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2013, must file a complete 2012 annual report and pay a \$150 annual fee on or before **January 31, 2013.** To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$150 late fee. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate \$150 late fee.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 2, 2013.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

#### 1. ANNUAL REPORT OF:

**WMATC No.:** 1068

Name of Carrier (as shown on certificate of authority): Capital City Coach, Inc.

Trade Name:

**Principal Place of Business** 

Street Address: 5140 Lawrence Place

Apt./Suite: City: Hyattsville State: MD

**State:** MD **Zip:** 20781

Mailing Address (if different from street address)

**Street:** P.O. Box 91077

Apt./Suite:

City: Washington

**State:** DC **Zip:** 20090

Telephone Number: (301)982-6100 Other Telephone: (800)441-6676 Fax Number: (301)345-3383 E-mail: jimb@capitalcitylimo.com

## 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

**USDOT No.:** 1393986

**DCTC No.:** 

Agent Address: Apt./Suite:

Telephone Number:

City: State: Zip:

Virginia DMV passenger carrier No.:

Maryland PSC No.: 3378

# 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Name: James M. Bowling

Title: Director of Compliance & Safety Telephone Number: (301)982-6100 Other Telephone: (800)441-6676 Fax Number: (301)345-3383 E-mail: jimb@capitalcitylimo.com

Name of Registered Agent for Service of Process:

#### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see <a href="https://www.wmatc.gov">www.wmatc.gov</a>.

E-mail:
<b>5. *CHANGES:</b> Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

# **6. \*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below; **or** (2) upload a complete vehicle list to this form. Include <u>all</u> required information.

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheel Chair
400	2008	INTERNATIONAL	1HVBTAAM98H677904	007P00	MD	32	No
401	2008	INTERNATIONAL	1HVBTAAM48H677924	007P01	MD	32	No
402	2008	INTERNATIONAL	1HVBTAAM88H677926	008P99	MD	32	No
403	2008	INTERNATIONAL	1HVBTAAM08H677905	009P44	MD	36	No
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#### 7. \*CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: James M. Bowling

Title: Director of Compliance & Safety

**Date:** 01/30/2013

<sup>\*</sup>Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.

# **Chris Aquino**

From: Sent:

1068 Capital City Coach, Inc. [administrator@wmatc.gov]

Thursday, January 31, 2013 10:01 AM

To: Subject: Chris Aquino \$150.00 2013 Annual Fee payment confirmation.

Dear James Bowling,

Thank you for your \$ 150.00 Visa payment.

WMATC has applied this payment towards 2013 Annual Fee.

This payment has been made on behalf of:

Capital City Coach, Inc.

**WMATC No.: 1068** 

Washington Metropolitan Area Transit Commission 8701 Georgia Avenue, #808 Silver Spring, MD 20910-3700 Tel. (301) 588-5260